Complete	if Known	
Application Number	09/529,967	ᆏ
Filing Date	24 April 2000	3
First Named Inventor	Matti KORPELA	SE
Examiner Name	B. Sisson	Ī
Group Art Unit	1634	160
Attorney Docket Number	2328-117	0/29
	Application Number Filing Date First Named Inventor Examiner Name Group Art Unit	Filing Date 24 April 2000 First Named Inventor Matti KORPELA Examiner Name B. Sisson Group Art Unit 1634

ENCLOSURES (check all that apply)					
X	Fee Transmittal Form		Assignment Papers		After Allowance Communication to Group
	X Fee Attached	x	Formal Drawing(s) (11 sheets)		Appeal Communication to
X	Amendment/Reply		Licensing-related Papers		Board of Appeals and Interferences
	After Final		Petition		Appeal Communication to
	Affidavits/declaration(s)		Petition to Convert to a Provisional Application		Group (Appeal Notice, Brief, Reply Brief)
X	Extension of Time Request		Power of Attorney, Revocation		Proprietary Information
	Express Abandonment Request		Change of Correspondence Address		Status Letter
	Information Disclosure Statement		Terminal Disclaimer		Other Enclosure(s) (please identify below):
	Certified Copy of Priority		Request for Refund		
	Document(s)		CD, Number of CD(s)		
	Response to Missing Parts/ Incomplete Application		REMARKS:		
	Response to Missing Parts under 37 CFR 1.52 or 1.53				

SUBMITTED BY				Complete (if applicable)	
NAME AND REG. NUMBER	Michael J. Moran, Reg. No.	42,01	.3	,	
SIGNATURE	much al A progr	DATE	9/19/02	DEPOSIT ACCOUNT USER ID	02-2135
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P. JOB, JOB	'							
St. 1 July 18		C	Complete if Known					
· 40		Application Number	09/529,967	HO	SE	R		
PATENT SEE TRANS	MITTAL	Filing Date	24 April 2000	ENT	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>C</u>		
FEE TRANSMITTAL for FY 2001 (Small Entity)	First Named Inventor	Matti KORPELA et al.	田 1	ယ				
	Examiner Name	B. Sisson	600,	2002	m			
		Group Art Unit	1634	290		0		
Total Amount of Payment	(\$)200.00	Attorney Docket Number	2328-117			_		

METHOD OF PAYMENT (check one) 1. X The Commissioner is hereby authorized to charge	3. AD	DITION	ATION (continued) AL FEES	
additional fees and credit any overpayment to	Fee	Fee	F Description	Fee Paid
Deposit Account Number 02-2135 in the name of	Code	Paid	l ee Description	1
Rothwell, Figg, Ernst & Manbeck	205	65	Surcharge - late filing fee or oath	i
1101	227	25	Surcharge - late provisional filing fee	
Day and See Beggind Under			or cover sheet	1
X Charge any Additional Fee Required Under	139	130	Non-English specification	; ;
37 CFR 1.16 and 1.17	147	2,520	For filing a request for reexamination	ļ
	112	920	Requesting publication of SIR	(J
X Applicant claims small entity status.			prior to Examiner action	
	113	1,840*	Requesting publication of SIR	L J
a Colon de deserto			after Examiner action	
2. X Payment Enclosed:	215	55	Extension for reply within first month	
X Check	216	200		[200.00]
Credit Card	217	460	Extension for reply within third month	[]
Credit Card	218	720	Extension for reply within fourth month	[]
	228	980	Extension for reply within fifth month	[]
FEE CALCULATION	219	160	Notice of Appeal	[]
	220	160	Filing a brief in support of an appeal	[]
1. FILING FEE	221	150	Request for Oral Hearing	[]
Fee Fee	138	1,510	Petition to institute a public use proceeding	[]
Code \$ Fee Description Fee Paid	240	55	Petition to revive -unavoidable	[]
Code 4 100 Boson priori	241	640	Petition to revive - unintentional	[]
	242	640	Utility issue fee (or reissue)	[]
	242	230	Design issue fee	ĹÍ
	243 244	310	Plant issue fee	į
	122	130	Petitions to the Commissioner	į
214 80 Provisional Filing Fee []	122	50	Processing fee under 37 CFR 1.17(q)	i i
SUBTOTAL \$	123	180	Submission of Information Disclosure Statement	į į
SUBTOTAL \$	581	40	Recording each patent assignment per property	i i
	301	40	(times number of properties)	•
2. CLAIMS	0.46	270	Filing a submission after final rejection	f 1
Extra	246	370	(37 CFR .129(a))	•
Claims Fee Fee Paid	249	370	For each additional invention to be	f 1
Total Claims [] - 20** = [] x \$9 = []	249	3/0	examined (37 CFR 1.129(b))	
Independent	279	370	Request for Continued Examination (RCE)	1
Claims [] - 3** = [] x 42 = []	169	900	Request for expedited examination	ĺ
Multiple Dependent Claims + 140 = []	109	900	of a design application	•
•	195	300	Publication fee for early, voluntary, or	[]
**or number previously paid, if greater;	195	300	normal publication	•
	196	300	Publication fee for republication	[]
SUBTOTAL \$	089	200	Filing an application for patent term adjustment	[]
	090	400	Request for reinstatement of term reduced	[]
		r fee (spec		[]
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SUBMITTED BY	•		Complete (if applicat	ole)
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NAME AND Michael J. Moran, Reg	g. No	. 42,	013	
SIGNATURE mit al min		DAT	DEPOSIT ACCOUNT USER ID	T 02-2135
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IN THE **UNITED STATES** PATENT AND TRADEMARK **OFFICE**

Application No.	09/529,967 TECH CEN
Filing Date	24 April 2000
First Named Inventor	Matti KORPELA et al.
Group Art Unit	1634
Examiner Name	B. Sisson
Attorney Docket No.	2328-117

Title of the Invention: TETRACYCLINE ASSAY METHOD

AMENDMENT

Assistant Commissioner for Patents Washington, D.C. 20231

Dear Sir:

In response to the Office Action mailed 29 April 2002, please amend the above-identified application as follows.

IN THE CLAIMS:

Please cancel claims 11-15 and 20-22 without prejudice to filing one or more divisional applications.

Please amend claims 1, 3-9 and 16-19 as found on the following pages.

Marked-up copies of the original text of the amended claims are attached to this amendment. Material inserted is indicated by underlining and material deleted is indicated by brackets.

09/20/2002 SDENBOB1 00000040 09529967

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